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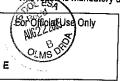
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2004 Through: 12 / 31 /

This-report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name and address of person filing.	Name, file number, and address of labor organization.
Name (15/01/ER S DELLER	Name Duly 10 Party Blog & Const 70 1000 Cours
·	Labor Organization File Number 048575
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street SIA WARLA UU	Street 3737 CANUNO DEL RIO SOSTA
City ESCONTIGO	City BANKS CALLE SE
State CDU1 ZIP Code + 4 92027	State ONLIA- ZIP Code + 4 92108
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests	
(aiona aerioturiu mie matrucuona):
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name	
Name and address of Employer (including trade name, if any).	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	
Name and address of Employer (including trade name, if any). Name	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of Full submitted in this report (including the information and the submitted in the submitted in the submitted in this report (including the information and the submitted in the subm	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Atture Perjury and other applicable penalties of the law, that all of the information
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Atture Perjury and other applicable penalties of the law, that all of the information

/Date

Telephone Number

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Name of Person Filing 445 DV April 5 April	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	Nonecount 1	
City ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.	
Trade Name, if any:	CONTROL OF THE PROPERTY OF THE	
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name WSop S	Corch Mg- Qd. 26,04	
Trade Name, if any:	CO. 26 CT	
P.O. Box, Bldg., Room No., if any	ON MEXICAL CALL GLEATINGO	
Street Way St.	an Mexical al. asultingo Porteciss-Proglew auf Agrement	
city VISAYENA	MEEMAN	
State CALL ZIP Code + 4 9124		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	